



**U.S. Immigration
and Customs
Enforcement**

ICE Health Services Corps (IHSC)
Enforcement and Removal Operations
U.S Immigration and Customs Enforcement

IHSC Respiratory Protection Program Guide

**Approved by: Dr. Stewart Smith for
Dr. Jon Krohmer**

Title: ERO – IHSC AD

Date signed: 10/9/15

Table of Contents

Page:

I. Overview.....	4
A. Purpose.....	4
B. Responsibilities	4
C. Acronyms	5
D. Definitions with Expanded Information	5
II. Program Elements	6
A. Written Procedures	6
B. Assessment of Air Hazards.....	6
C. Medical Clearance Evaluation.....	6
D. Respirator Fit-Testing.....	7
E. Selection	8
F. Inspection, Use, and Replacement	8
III. Training and Education.....	9
IV. Program Monitoring and Evaluation.....	9
V. References and Resources	9

Foreword

This *IHSC Respiratory Protection Program Guide* supplements the following IHSC Directive:

IHSC Directive: 05-02, *Occupational Health*

This Guide explains concepts, assigns responsibilities and details procedures for the implementation of an IHSC Respiratory Protection Program.

The intended audience is health staff supporting health care operations within IHSC-staffed medical clinics in ICE-owned or contracted detention facilities.

I. Overview

A. Purpose

The purpose of this Guide is to provide health staff with procedures and resources to implement the elements of the IHSC Respiratory Protection Program as required by the IHSC Occupational Health Directive.

IHSC is dedicated to promoting a safe work environment. IHSC reduces employee exposures to airborne hazards through training, administrative controls, work practices, and engineering controls. Respiratory protection is a form of personal protective equipment (PPE) that is used when these primary control methods cannot remove airborne hazards.

B. Responsibilities

Public Health, Safety and Preparedness (PHSP) Unit

- Provides national oversight of the IHSC Respiratory Protection Program.
- Provides technical assistance on respiratory protection program activities.
- Conducts periodic program evaluation.
- Reviews and updates this Guide and the Occupational Health Directive.

Health Services Administrator (HSA)

- Oversees and implements the medical clinic respiratory protection program.
- Purchases and maintains a supply of Food and Drug Administration (FDA) approved respirators in a variety of brands, models, and sizes with a current shelf life.
- Ensures health staff receives orientation and annual training.
- Designates competent personnel to perform respirator fit-testing.

Safety, Infection Prevention and Control Coordinator

- Assists the HSA in implementing the respiratory protection program for the medical clinic.
- Monitors the program and reports problems to the HSA.

Health Staff

- Completes the ICE online medical evaluation to wear a respirator annually;
- Completes the respirator fit-test annually;
- Completes required initial and annual training;
- Inspect, don, doff, and dispose of respirators as specified in training; and
- Adhere to national guidelines, regulations and standards on respiratory protection as specified in training.

C. Acronyms

CDC – U.S. Centers for Disease Control and Prevention

FDA – U.S. Food and Drug Administration

JHA – Job hazard analysis

NIOSH – National Institute for Occupational Safety and Health, CDC

OSHA – U.S. Occupational Safety and Health Administration

PPE – Personal protective equipment

D. Definitions with Expanded Information

Administrative Controls – Methods of controlling employee exposures through enforcement of policies and procedures, modification of work assignment, and training.

Don – To put on the face or body

Doff – To take off the face or body

Fit-Test – Procedures performed by a qualified person that demonstrate that demonstrate that a wearer attains a good face seal with a given size and brand of respirator.

Engineering Controls – Controls that isolate or remove a hazard from the workplace (e.g., ventilation systems).

Exposure – The condition of being subjected to something in the working environment (noise, dust, chemicals, radiation, infectious agents) that could have an adverse health effect.

Medical Clearance – A medical evaluation to determine a person's ability to wear a respirator to perform certain work activities with airborne hazards.

N95 Respirator – An air-purifying, filtering-facepiece respirator that is $\geq 95\%$ efficient at removing 0.3 μm particles and is not resistant to oil; worn to protect the wearer from exposures in the air; not worn by a patient.

Personal Protective Equipment (PPE) – Equipment that protects a person from hazardous exposures such as chemicals, dust, noise, radiations, infectious diseases and includes respirators, gloves, mask, goggles, gowns, face shields, ear plugs, hard hats, and steel toe boots.

Qualitative Fit-Test – A pass/fail fit-test; reliant on individual perception and response to a sweet or bitter test agent when determining the size and brand of respirator that provides an optimum face seal.

Rainbow Passage – A paragraph read during a fit-test to mimic normal speaking behaviors that may compromise the face seal of a respirator: “When the sunlight strikes raindrops in the air, they act like a prism and form a rainbow. The rainbow is a division of white light into many beautiful colors. These take the shape of a long round arch, with its path high above, and its two ends apparently beyond the horizon. There is, according to legend, a boiling pot of gold at one end. People look, but no one ever finds it. When a man looks for something beyond reach, his friends say he is looking for the pot of gold at the end of the rainbow.”

Respirator – A form of PPE with filtering capability that fits snug on the face over the nose and mouth to prevent the wearer from inhaling hazardous airborne particles.

Sensitivity Test – A test performed prior to the fit test to determine IF a person can taste the bitter or sweet aerosol and HOW MUCH is needed for the person to taste it. This varies by person.

Surgical Mask – A physical barrier that covers the nose and mouth; protects the wearer from droplets and splashes of blood or body fluids; protects others from the infectious agents of the wearer.

Work Practice Controls – Controls that reduce the likelihood of exposure by altering the manner in which a task is performed (e.g., prohibiting recapping of needles by a two-handed technique).

II. Program Elements

A. Written Procedures

The HSA or designee must develop and maintain local written procedures describing how the clinic implements the elements of the Respiratory Protection Program..

B. Assessment of Air Hazards

Respirator selection is based on the type and concentration of airborne hazard encountered by an employee when performing assigned job duties. The airborne hazard assessment is part of the job hazard analysis (JHA) described in detail in the *IHSC Personal Protective Equipment Program Guide*. The primary airborne hazards health staff encounter during patient care activities are air transmissible organisms such as tuberculosis, influenza, and varicella.

C. Medical Clearance Evaluation

Federal OSHA regulations require annual medical clearance evaluation to ensure an employee's ability to tolerate the physical and mental demands of wearing a respirator in an occupational setting. The medical clearance evaluation includes a medical questionnaire that is reviewed and approved by a professionally licensed health care provider and must be completed prior to fit-testing.

Health staff must accomplish their annual medical clearance evaluation by completing the [Online ICE Medical Clearance Form](#), or the [OSHA Respirator Medical Evaluation Questionnaire](#). The ICE questionnaire is automatically reviewed and approved by a licensed medical provider. Health staff receive a medical clearance certificate that they must print out and provide to the HSA prior to respirator fit-testing.

The OSHA medical questionnaire requires the signature of a licensed medical provider. Health staff that do not complete the [Online ICE Medical Clearance Form](#), or who are ineligible to do so, must print out the questionnaire, complete it and take it to their usual source of health care for review and signature. Health staff must provide the signed questionnaire to the HSA prior to fit-testing.

Health staff unable to pass the online ICE medical clearance process must complete the OSHA medical questionnaire and take it to their usual source of health care for review and approval. Some conditions that may preclude a person from wearing a respirator include certain respiratory diseases, arrhythmias, claustrophobia, certain medications, certain neurological disorders, and certain endocrine disorders.

Contract staff must use their employer's medical clearance process and provide documentation to the HSA.

D. Respirator Fit-Testing

Federal OSHA regulations require annual respirator fit-testing. IHSC uses OSHA-accepted protocols, equipment and competent personnel to perform annual fit-testing. The HSA must choose competent personnel, who possess an understanding of respirators and the fit-test process, to conduct fit-testing. Implementation of respirator fit-testing strong interpersonal and communication skills to convey instructions and facilitate the fit-test process with staff in all disciplines.

A satisfactory face seal is one that prevents air contaminants from reaching the breathing zone of the wearer and is a prerequisite for a successful fit-test. One size and brand of respirator does not fit every facial size and shape. The respirator face-piece-to-face-seal requires careful scrutiny to ensure the inhalation of contaminants is avoided. An effective face seal is difficult for individuals with facial hair. Beards and mustaches must not interfere with the face seal. Persons with long or small

faces or larger noses may also encounter difficulty obtaining a successful face seal. Many brands, models, and sizes must be available to accommodate employees.

Health staff must be fit-tested:

- (1) Prior to initial use;
- (2) Annually;
- (3) If a different respirator size, style, make or model is used; and
- (4) If a person experiences changes in physical condition that could affect respirator fit such as significant weight gain or loss (10%), major dental or cosmetic surgery, or facial injury or scarring.

Contract staff must use their employer's fit-testing procedures and provide the HSA with documentation of the results.

The fit-test includes the following components:

Availability of a variety of respirator brands, models, and sizes.

Availability of these two fit-test agents:

- Saccharin
- Bitrex

Sensitivity testing the day before the fit-test to ensure that the person being fit-tested detects the fit-test agent.

Fit test exercises and reading of the "Rainbow Passage."

Documentation of fit-test results.

E. Selection

The HSA must select a variety of respirator brands, models, and sizes that are NIOSH and FDA-approved for protection against the airborne infection hazards encountered in the medical clinic. NIOSH classifies and certifies respirators for general and specific use. FDA certifies respirators to protect the wearer specifically from exposure to diseases. All respirators used to protect health staff must be NIOSH and FDA-approved. Useful information about health care respiratory protection is located on the [NIOSH Healthcare-Related FAQs](#) website.

F. Inspection, Use, and Replacement

Prior to each use, health staff must inspect their respirator to ensure there are no defects in the face-piece or headbands. If a deficiency is discovered, the respirator must be discarded for a new one. Health staff must don the respirator and perform a face seal check prior to entering the hazardous environment. Health staff must use the respirator for the tasks they perform that pose an airborne hazard.

N-95 respirators used in the health care setting are not manufactured for repair or re-use. Multiple donnings of the same respirator impacts the fit and integrity of the

respirator. When the fit or integrity of the respirator is questionable or compromised, health staff run the risk of exposure to airborne hazards. Respirators must never be shared. Respirators must always be discarded when visibly soiled, they contain excess moisture, or cause the wearer increased resistance to breathing.

III. Training and Education

Training is extremely important to the success of the Respiratory Protection Program. The HSA must ensure that health staff receive orientation and annual training and instruction on all of the topics covered in this Guide.

The HSA or designee must maintain training records in a file and includes the date of the training, a content summary, the instructor's name, the names and job titles of the attendees, and their signatures.

IV. Program Monitoring and Evaluation

The PHSP Unit staff periodically collect information from the HSA to monitor the implementation of the Respiratory Protection Program and to ensure that the medical clinic is meeting the requirements of the program.

V. References and Resources

- (1) [OSHA Respiratory Protection Standard](#)
- (2) [OSHA Fit-Test Protocols](#)
- (3) [Respiratory Infection Control OSHA Fact Sheet](#)